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Comprehensive Mental Health Plan Submitted to Governor Scranton

The Comprehensive Mental Health Plan—which, perhaps, represents the most massive planning effort ever undertaken in the Commonwealth of Pennsylvania by lay and professional volunteers—was submitted to Gov. William Scranton on January 13.

Governor Gets Mental Health Plan



GOV. WILLIAM SCRANTON examines copy of the Comprehensive Mental Health Plan after receiving it from Secretary of Public Welfare Arlin M. Adams (left) and Dr. William P. Camp, Commissioner of Mental Health.

Mental Retardation Plan Near Completion

Pennsylvania's Comprehensive Mental Retardation Plan is taking shape and the final draft will be ready for approval by the Advisory Planning

Committee this month.

After the Comprehensive Mental Retardation Advisory Planning Committee takes action, the Plan will be submitted to the Governor, as it becomes the responsibility of the executive and legislative branches to provide the impetus for implementation.

The presentation of The Plan was by Arlin M. Adams, chairman of the advisory group and Secretary of Public Welfare, and Dr. William P. Camp, Commissioner of Mental Health. The massive document was prepared by the Governor's Advisory Committee for Comprehensive Mental Health Planning with the aid of thousands of volunteers working over a two-year period.

THE PLAN fashions a blueprint for new and improved mental health services. The major thrust of the Plan is the community mental health center and comprehensive services for the mentally ill in the community.

Governor Scranton said, "We have cleared the ground for a new beginning and what has occurred over the past two years in this Commonwealth is the beginning of a renaissance in mental health. I want to commend the many persons, both volunteers and staff members, who participated in this study.

"We have in this Plan a design for action in accordance with the best professional thinking in the mental health field," the Governor added.

SECRETARY ADAMS said, "The proposal to build mental health services around community mental health centers, with the county government assuming an important role, is a reflection of community based responsibility and recognition of the modern concept of keeping as many patients as

(Continued on Page 2)

A Design In Action



GOV. WILLIAM SCRANTON inspects a copy of the Comprehensive Mental Health Plan with Pennsylvania Mental Health officials, seated (left) Mrs. Alfred M. Klein, Elkins Park, executive committee member and Mrs. William Gingold, Harrisburg, executive committee; standing, Dr. H. Keith Fischer, Philadelphia, executive committee; Frederic D. Justin, Perkiomenville, president of PMH; Mrs. Stewart Lauer, York, president of York County Assn.; Mrs. Jack W. Robbins, Fort Washington, vice president of Southeast Region; Dr. James T. McLaughlin, Pittsburgh, member of board of directors; Mrs. William Kanenson, Harrisburg, president of Tri-County Assn.; Edward M. Green, Harrisburg, vice president of Central Region; Dr. Elmer L. Horst, Reading, member of board of directors; David M. Janavitz, Pittsburgh, chairman of the board; Mrs. William R. Bishop, Jr., Reading, vice president of Mideast Region, and Henry Graff, Bradford, vice president of PMH.

M. H. Plan Submitted To Gov. Scranton

(Continued from Page 1)

possible in family environments through treatment in the community.

"Some of the proposals such as the establishment of Assistant Commissioners in the Office of Mental Health have already been accomplished. We are now pushing other administrative changes suggested in the Plan and will expend every effort to implement the many programs implicit in the Plan."

COUNTY participation, including fiscal contributions for expanded mental health services, are outlined by the Plan under a proposal that all State-Federal aid for local mental health services be channelled through the counties and that County Boards of Mental Health/Mental Retardation supervise and administer communities programs.

THE PLAN is an integral part of Pennsylvania's participation in Federal grants for community mental health facilities and will help to expedite the distribution of Federal and State con-

struction funds, of which more than \$6 million are now available.

COMMISSIONER CAMP said, "A community mental health center as defined in the Plan would include five essential functions: inpatient care, out-

patient care, partial hospitalization, emergency care, and consultation and education. All services would be available to any resident of the area served regardless of length of residence or ability to pay."

Reprinted from the Philadelphia Evening Bulletin

Sweeping Mental Health Plan

Aided by revolutionary drug therapy, and the use of more aggressive care and treatment techniques, Pennsylvania has had marked success in its efforts to deal with mental illness over the last two decades.

But the accomplishments—along with the acknowledged failures—serve mainly to show how badly the Commonwealth has lagged in fighting a disease that strikes one out of every 16 persons.

The Comprehensive Mental Health Plan for the state, now before Governor Scranton, is more evidence of work left undone, and a challenge to the Legislature and people to get it done.

The plan deals forthrightly with the need to bring mental health facilities closer to the people through community centers. It also recommends several other positive changes, not the least of which is an attempt to remove the mental illness stigma, and improvement of the wage structure to attract more qualified personnel to provide care.

Since the federal government would pick up 90 percent of total costs of the plan (estimated at \$11.5 million the first year and increasing to about \$25 million in the fifth year) the Legislature probably won't balk.

But legislative approval won't answer the question of where to get the trained help. This seems the crux of the Pennsylvania mental health problem today.

Jaycee Planners



PENNSYLVANIA JAYCEE leaders who are helping to coordinate plans for the Feb. 22nd public meetings are, seated left to right, Douglas R. Adams, Shoemakersville (Region 6); Gerald Rishel, Lewistown (Region 4 and Jaycee State Mental Retardation Chairman); Dr. Calvin J. Wolfberg, Northumberland (National Director), and Robert J. Poller, Pittsburgh (Region 1 and Jaycee State Mental Health Chairman); standing, William Johnson, Leola (Region 8); William A. Zdancewicz and H. Merritt Hughes, Jr., both Wilkes-Barre (Region 5); David L. Downey, Erie (Region 2); Larry Baldassano, Telford (Region 7) and Edward Pastor, Penn Hills (Jaycee MH-MR publicity chairman). Not present when picture was taken were James Ryan, Somerset (Region 3); A. Keith Smith, Dubois (Region 3) and William H. Smith, Dillsburg (Region 8).

Dr. Anderson Named Director of Planning

Dr. Thomas B. Anderson is the newly-appointed director of the Division of Planning, Evaluation and Community Services Office of Mental Health. In this role, he will assist in directing the implementation of the Comprehensive Mental Health/Mental Retardation Plans and will work with citizen planning groups.



Dr. Anderson

Secretary of Public Welfare, Arlin M. Adams, in announcing the appointment in December, cited Dr. Anderson's background in community mental health center planning in the state of Washington.

"Dr. Anderson comes to us with a background of research and experience in working on a grass roots approach to the development of community mental health centers," Secretary Adams said.

Dr. Anderson formerly served as director, Governor's Mental Health and Mental Retardation Planning Commit-

tee for the state of Washington.

He received his B. A. degree in education from Eastern Washington State College, and his master's and doctorate from Washington State University.

From 1963-64, Dr. Anderson served as instructor in psychology of growth and development, tests and measurements in the Washington State University. He also was chairman of mental and social hygiene for the Washington Congress of Parents and Teachers.

As a research consultant, he was associated with the Research Department, Office of State Superintendent of Public Instruction; with the College of Education, Washington State University, Study on Creativity and Study on Drop Outs.

Public Meetings Set for Feb. 22

All systems are "go" for February 22. That's the date when scores of public meetings will be held simultaneously throughout the state to carry highlights of the Comprehensive Mental Health and Mental Retardation Plans to the citizens.

These meetings, which are under

the joint sponsorship of the Pennsylvania Junior Chamber of Commerce, Pennsylvania Association for Retarded Children and Pennsylvania Mental Health, are an effort to focus the Plans on a local level.

The Jaycees' role is to arrange the meeting places and carry out necessary arrangements while PMH and PARC are concerned with programing and scheduling speakers.

As has been pointed out in the past by Secretary of Public Welfare, Arlin Adams, and Dr. William P. Camp, Commissioner of Mental Health, the Comprehensive Mental Health/Mental Retardation Plans, which emphasize totally new concepts in the care and treatment of the mentally disabled, cannot be successfully implemented without public support and understanding. It is intended that the public meetings will be only the kickoff of a continuing public information project aimed at gaining citizen acceptance of this program.

According to Robert J. Poller, Bethel Park, the Pennsylvania Jaycees' mental health chairman, more than 60 public meetings are slated throughout the state. Virtually every county will have at least one session.

MH Program to Provide for All

The Comprehensive Mental Health Program of the Commonwealth of Pennsylvania will have as its goal the provision of adequate mental health services to all citizens of the State according to need and geographic location.

This is the basic stated aim of "The Plan" — with the emphasis on the provision of "services to all citizens," who may need them, wherever they live and whatever their financial circumstances.

These services, of course, will be furnished to those who are "unable to pay" which includes both persons receiving recurring grants of financial assistance (the indigent) and persons who are otherwise self-supporting but are unable to pay the full cost of needed services (the medically indigent).

As Dr. William P. Camp, Commissioner of Mental Health, Department of Public Welfare, points out, "A 'reasonable volume' of services must be provided to such persons, which means in general 'reasonable' in the light of conditions in the area to be served and of the alternative sources of service which may be available."

He continued, "In mental health we propose to offer several alternative ways in which this clear obligation to provide service to those unable to pay may be met."

According to Dr. Camp, each agency or facility will be asked to propose for review the arrangement or arrangements which it regards as most suitable and acceptable. One facility may simply agree to make all intake decisions on the sole basis of urgency of need for service, disregarding financial considerations. This agency would accept for its indigent and medically indigent patients the public assistance scale of reimbursement.

Another agency might go another step and agree to detach members of its staff for service in the State mental health system part of the time, at the salary rates the State is able to pay, Dr. Camp stated.

Psychiatrists in a third agency might be willing to give some free time in a state mental hospital in return for the privilege of admitting their private patients.

A fourth agency might be willing to

serve as a reception center for the state mental health system, a fifth to provide follow-up care for released state mental hospital patients. A sixth might provide emergency service by agreement with a state hospital, Dr. Camp added.

"About one thing we should be perfectly clear," Dr. Camp continued. "An agency, if it accepts funds from the State department of Public Welfare, whether they are originally from a State or a Federal source, cannot reject a patient merely because he cannot pay, unless there is another facility associated with the Agency which has agreed to provide the service."

"This should not be a problem — in principle, that is," Dr. Camp said, noting that the out-patient psychiatric

clinics which receive state aid report they receive only about 15% of their income from patient fees.

A group of state-aided general hospitals report that 23% of their psychiatric patients pay nothing, and 19 pay only a part of the bill (for all cases in State-aided general hospitals about 13% of all days' care provided are free days).

Dr. Camp also pointed out that the same thing is true of mental retardation facilities. Sheltered workshops traditionally operate at a deficit.

"When voluntary agencies propose to construct special classrooms, we receive the usual assurances that scholarships will be available for children whose parents are unable to pay, as has been the case under previous programs," he added.

Reviewing Plan



GLANCING at a copy of the Comprehensive Mental Health Plan, during a planning session for the Feb. 22nd public meetings, are (left to right) Max Silverstein, executive director of PMH; Robert Poller, Jaycee mental health chairman; Nelson Fellman, PR director of Ringold/Kalish Co., Philadelphia advertising agency; Dr. Thomas Anderson, director of Division of Planning, Evaluation and Community Services, Office of Mental Health; Dr. Carl Wolfberg, Jaycee National Director; Francis Lynch, PARC executive director, and Gerald Rishel, Jaycee mental retardation chairman.

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